

**DRAFT ADEM**  
**COMPATIBILITY DEMONSTRATION LOG FOR UST SYSTEMS STORING**  
**A REGULATED SUBSTANCE (PRODUCT) WITH GREATER THAN**  
**10% ETHANOL OR 20% BIODIESEL**

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility I.D. #:	Phone #:
Name of Person Completing Form:	
Phone # of Person Completing Form:	
Date form completed:        /        /	
<b>Instructions</b>	
1. Complete a separate form for each UST system storing greater than E10 or B20, or other regulated substance identified by the Department. 2. Attach a copy of the manufacturer's compatibility statement, if applicable. 3. Keep a record copy of each log sheet for as long as the UST system is used to store the regulated substance indicated.	
ADEM Unique Tank #:	UST Size:
UST Material of Construction: <input type="checkbox"/> fiberglass <input type="checkbox"/> steel <input type="checkbox"/> clad steel <input type="checkbox"/> fiberglass lined steel	
Underground Piping Material of Construction: <input type="checkbox"/> fiberglass <input type="checkbox"/> flexible <input type="checkbox"/> steel	
Product Stored: <input type="checkbox"/> E____ (greater than 10) <input type="checkbox"/> B____ (greater than 20) <input type="checkbox"/> other, (please specify):	
Please indicate the method for demonstrating compatibility for each of the listed equipment or component.	A nationally recognized independent testing laboratory (such as Underwriters Laboratories) has certified or listed that equipment and components are compatible with the biofuel blend stored in this UST system.
Underground storage Tank	<input type="checkbox"/> yes    When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A
Underground piping	<input type="checkbox"/> yes    When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A
Submersible pump	<input type="checkbox"/> yes    When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A
Submersible pump containment sump	<input type="checkbox"/> yes    When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A
Under dispenser containment sump	<input type="checkbox"/> yes    When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A
Tank release detection equipment; Please specify:	<input type="checkbox"/> yes    When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A
Piping release detection equipment; Please specify:	<input type="checkbox"/> yes    When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A
Spill prevention equipment	<input type="checkbox"/> yes    When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A
Overfill prevention equipment	<input type="checkbox"/> yes    When applicable, please specify lab: <input type="checkbox"/> no <input type="checkbox"/> N/A